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MORALITY AND THE EXTRA-MEDICAL USE OF DRUGS
(1971)

Jerry Schik, O.S.C.

Nota bene - The following is one of three major papers written forty-five years ago as a requirement for the Master of Arts in Theology degree. The author has revisited the topic in an addendum attached to this article to consider how the moral theologian can view extra-medical marijuana use in the twenty-first century.

INTRODUCTION

Doing research on this topic clearly reveals two bibliographical facts: 1) There is a wealth of written material on the medical, psychological, and social phenomena of drug abuse; and 2) there is nearly a void of material on the moral considerations of using drugs. From these two facts I am producing a two-part paper. The first part will summarize what I think are the facts that a moral theologian needs to have on hand as he faces the drug issues. In the second part I will take up the question: What possible stance can the moral theologian take today on the issue of the extra-medical use of drugs? I will be looking for ethical stances which might offer some people a positive rationale for the extra-medical use of certain drugs. (*Id Est* - I'm not satisfied with the categorical denial of all such drug use, but I don't have any authorities in moral theology to read and build my position upon.)

Before presenting the body of the paper I would like to set forth some of my basic thinking and presuppositions on the drug question. I think the use of each drug must be studied individually, as can be seen from my outline of this paper. I insist on this separation not for conceptual reasons or to make this paper more logical, but for reasons of reality. In real life, the taking of one drug affects a person differently than the taking of another. Also, real life motivations for drug use differ from drug to drug. If the moral theologian does not see these distinctions he will follow in the footsteps of the legal system of this country and not address himself to the real situation. Spurred on by the Federal Bureau of Narcotics' efforts in the early 1930s to scare Americans by picturing marijuana as producing the same effects as heroin,¹ the House and Senate passed the Marijuana Tax Act of 1937 with its well-known disproportionate strictures. Moral theologians should not repeat this mistake. They would only be guiding peoples' consciences in one direction while their experiences guide them in another.

People in the field of moral theology today have their own precedent for considering the uses of the *various* drugs as only *one* moral problem. The moral theologians (at least the Catholics) have done just that. Merkelbach states: "Use in such quantity that the senses are numbed and temporary privation of the use of reason follows is a grave sin if there is not just cause, as in the case of drunkenness."² But some drugs can expand the senses (psychedelics) and may offer the mind new insights rather than the deprivation of reason. To follow Merkelbach's guidelines one would have to either inaccurately classify LSD under the above definition or presume that LSD is safe. Either way one is missing the true picture of LSD usage. Ford and Kelly come closer to seeing the point I want to make. They at least *begin* to see the error of lumping alcohol and drugs under one classification. But then they miss it: "The problem of drug addiction is quite different in its social and medical aspects from

that of alcoholism, but quite similar as far as moral responsibility is concerned. Alcoholics are prone to depend on any pain relieving drug and become addicted to it.”³ The situations of alcoholic use and drug use are pictured as being very similar in the moral realm, but they are not. They can differ (depending on the drug) very significantly at a point which concerns the moral theologian very much: motivation. Is there a brand of alcohol that one takes to induce mysticism? Is there a drink that helps someone who is seeking personality integration? Well there are drugs that can do these things and there are users who have these motivations for using them. I realize that this quote from Ford and Kelly speaks not of ordinary people, but addicts and alcoholics. But it still presumes that the moral responsibility of using alcohol and using drugs is similar when this is not always so. Because of their past experiences, people do not take on the responsibility of finding God while drinking, but many do while taking LSD because it has brought them to a mystic experience in the past.

There are a few more benefits for moral theologians who study the medical, psychological, and social effects of the drugs and see how they are distinct from each other. Once they see exactly what the bodily and psychological effects are on the individual, they won't make the “common sense” mistake of saying that drugs are bad because, until now, only the degenerates of society have used them. They will see the drugs in light of the *actual* effects they have on people. And once they have this familiarity with the drug scene they can offer a moral perspective on which drugs have the greater potential of helping men in a positive way. A categorical “No-No” on drug use does not reflect some people's experience of certain drugs. These people should be able to turn to the moral theologian to get some positive perspective for their experience and further guidelines to help them integrate it properly into their Christian lives.

I. Medical, psychological and social effects that should be of importance to the moral theologian

PRELIMINARY NOTES

I'm not going to whine and moan about the inadequacy of the "medical, psychological and social" distinctions and how they overlap. The point is - I need them to explain my research, so I use them! Secondly, while discussing each drug I will mention some of, the dangers involved in its use. This is not to say that drugs are inherently dangerous, but they can be used dangerously. (Even in the realm of something so beautiful as human sexuality the moralist must keep himself alert to the possible dangerous usages of this power as he formulates his teachings.)

OPIATES

The basic medical effect of the opiates is to depress certain areas of the brain and other parts of the nervous system.⁴ These drugs produce a sense of euphoria by reducing sensitivity to both psychological and physical stimuli. They make one very lethargic. The dangers to one's health are severe as physical dependence and increasing tolerance (need of higher dosages) are the rule rather than the exception for frequent users. Dependence means that once one is hooked he becomes severely ill (withdrawal symptoms) unless he can procure another supply. Of all the drugs, the opiates cause the most harm to one's physical health and are the most likely (excluding overdoses) to lead to complete physical breakdown and death.

The psychological effect is to dull the edges of reality. As a result the person becomes indifferent to his environment, those around him, and even himself.⁵ The drugs dull fear, tension and anxiety. The motivation for using these drugs is almost always escapist,

and usually the only people who dare to use opiates rather than the milder depressants (barbs) are those whose tolerance of frustration and distress is very low. Opiates are psychologically addictive in addition to being physically addictive. What is especially dangerous about opiates is that any personality, whether psychologically ill or healthy, can become addicted after a few weeks use. And this leads to another big danger: the fact that rehabilitation from opiate use is a very extensive, difficult process which does not have a high batting average of complete success.

The social effects of opiate use are not beneficial ones. These drugs are almost always taken in solitude. They are not even used as a social "ice-breaker" or in any situation of bringing people together. The "increasing tolerance" effect mentioned above usually leads to real social problems. In order to avoid severe illness (withdrawal symptoms) the addict must steal from other members of society to purchase more. Conversely, society is often the narcotic user's greatest danger. His frustrations with society cause him to drop out in the first place. The subgroup he joins is usually what convinces him to try opiates; he would be frightened of them otherwise, even if the stuff is readily available.⁶ And it's a member of society who sells him the overdose that does him in. (An overdose of any drug is dangerous, but an overdose in an opiate supply is extremely difficult to detect.)

BARBITUATES

Medically speaking, these drugs have a less severe depressant effect upon the body than opiates. They take much longer to become psychologically addicted to. But they have their own special danger: withdrawal. The convulsions which follow withdrawal can be fatal and withdrawal should always be done under medical supervision. Also, accidental overdoses occur nearly as easily as with opiates.

The psychological motivations for barbituate use are similar to those for the more virulent sedatives, the opiates. Chronic use of barbituates leads to psychological addiction, but not nearly as quickly as with the opiates.

The social effects and dangers are similar to those surrounding opiate use. The difference is that the barbituate user can remain in society longer. The user often tries to stay in society when he begins to use the barbs and usually can stay in for a long time because the physical symptoms are similar to those of alcoholic drunkenness.

STIMULANTS

I shall limit the discussion to amphetamines which seem to be the most popular and most available stimulants. They produce a high by stimulating the release of norepinephrine from the nerve endings which then becomes concentrated in the brain. This leads to a speeding up of the body's metabolism and to a euphoria which consists of an increased alertness and excitability that counteract the body's actual state of fatigue. Amphetamine is not considered physically addictive; that is, there is no abstinence or withdrawal syndrome. Overdosage rarely causes death. Tolerance is the big problem as the body requires increasingly larger doses to keep itself stimulated. The real danger to health is that the body wears down from the huge doses and the long episodes of stimulation (2 to 3 days) that the user subjects his body to once the tolerance has really developed. In spite of all the nerve stimulation, his body is extremely tired because it has received no rest.

The psychological effect of smaller doses is an elevation of mood and a feeling of well-being. (I would explain it as being somato-psychic; i.e. the mood here is dependent upon the stimulation of the nervous system.) The usual motivation for amphetamine use is the desire for maximum euphoria. With larger doses a temporary psychotic

episode may occur, irrespective of what psychological set the person brings to the experience. A very serious difficulty for speed freaks is the development of psychological dependence. Though there is no abstinence syndrome, the user is greatly tempted to return to the drug as the effects wear off and his original psychological depression and physical fatigue return.⁷ A big psychological danger is the fact that speed freaks are difficult to rehabilitate. The original states of depression (whether psychotic or not) tend to reappear in life and tempt them to a return.

There has developed a unique social effect with the increased use of speed - the forming of groups known as subcultures. But the members of the subculture seldom have a neutral attitude toward society as a whole because their increasing tolerance will drive them to use any means of obtaining a new supply. The members live together to help each other. But this arrangement is seldom long-lived because they will turn even on each other if their need for speed becomes great enough.

POWERFUL HALLUCINOGENS – LSD

A preliminary note - Although psilocybin, mescaline (from peyote), DMT and LSD belong under this heading, I shall confine my study to the most popular of these: LSD. A forewarning is in order for any discussion of LSD - the results of studies published to date are very tentative. Although there are thousands of pages written on the topic, there has actually been very little research to back them up. The non-medical use of LSD is very recent in the history of drug use. And when this phenomenon did appear the National Institute of Mental Health was very reluctant to release dosages of the drug and approve research projects on human subjects.⁸ The Institute changed its policy three years ago and has since released supplies of LSD to 300 investigators. Many of these findings are not yet published. So

in the following summary of LSD use the reader must realize that research to date has not been heavily crosschecked and is subject to revision in the coming years.

LSD's effect on the central nervous system leads to drastic changes in perception. Colors and shapes are distorted. The hallucinations are more visual than auditory and there can occur a type of synesthesia when the user sees sounds. The on-going debate is whether this experience is hallucinatory (distorting of reality) or psychedelic (grasping of more reality than ever before). Either way, LSD brings no physical benefits to the body and is not used in medical practice while morphine, barbituates and amphetamines are.

LSD is not physically addictive, but tolerance develops rapidly. The increase of tolerance is a real danger because the amount of the dosage is a most important factor with LSD, as we shall see in the psychology section. Another one of the medical dangers of LSD stems from the fact that some of the chemical components can remain in the body for months after the trip. The sights and sensations may suddenly recur weeks or months later. Caught unawares, some inexperienced users have presumed were going mad and committed suicide when the flashback occurred. One of the possible dangers which has been highly publicized is chromosomal damage which is supposed to happen to eighty percent of the users. But there is no evidence whether these chromosomal breaks are permanent. Also, almost all these experiments were performed on animals. In the experiment on humans at Spring Grove State Hospital, Baltimore, Maryland, they were unable to find any significant difference in chromosomal breakage.⁹ As regards medical dangers, the most important item of information can not yet be known: What are the long-range effects on the body?

The psychological effects which the user immediately experiences include losing one's awareness of the boundaries of his body and losing all inhibitions of expressing emotions. During

a single trip a person can run the gamut of expressing all the moods possible. When LSD is taken in large amounts, the person loses his ability to critically observe and control himself, his ideas and his emotions. Psychiatrists interpret this situation as a psychosis. It is these psychoses which lead to the freakish actions and suicides we read about in the papers. These psychoses are temporary, but the inexperienced user does not know that and is often frightened into some very freakish actions. The LSD-induced psychoses can be beneficial in a clinical situation. This potent hallucinogen allows repressed memories and conflictual material to come forth which the professional psychiatrist can then use to help the person face his personality problems.¹⁰ A large number of investigators have reported impressive results with alcoholics.¹¹ One fact which is emerging very clearly from such attempts is that much preparation is required on the part of the patient and psychiatrist before the psychiatrist can beneficially handle the psychosis once the clinical LSD experience begins.¹² If the patient is frightened, ignorant of what's happening or not interested in receiving help, the trip will not be of therapeutic value.

Of all the psychological dangers involved in LSD usage, we've already discussed the greatest: not having professional supervision. Although the psychotic experiences are more probable with high doses they are possible at any dosage level.¹³ LSD is the most potent psychotogen known and unsupervised experimentation with even small doses can be explosive. As is true of every single drug discussed in this paper, the use of LSD can be dangerous because it can lead to psychological dependency (addiction). Another danger is that LSD use may push some individuals over the brink to a full blown psychosis. The eternal adolescent, the depressive, the hysterical and the paranoid should never use LSD.¹⁴ There are warnings for even the clinical use with suitable patients. Much time and hard work must be put in by the patient and psychiatrist after

the experience or the great amount of unconscious material that was released during the experience will not be integrated. Secondly, the patient and psychiatrist should be reluctant to pat themselves on the back after a successful experience because many psychiatrists are still questioning whether the seemingly good effects of the LSD experience may be only a relief of symptoms rather than a major personality change.

The motivations for taking LSD deserve special consideration. Unlike the drugs we have discussed so far, LSD is not taken for hedonistic motives, except maybe by the inexperienced and the first-timers. I don't know the exact reason for this, but I think that the LSD-induced psychosis, temporary as it is, is really too frightening to be called a thrill. Therefore, those who use LSD with any regularity find that they must have explicit, positive motivations before going on a trip. (This follows from what we said above the importance of the psychological set and the setting for the success of the clinical use of LSD.) Although there are as many motivations as users, there are five basic areas that they tend to fall under. First, some people enter the experience because it will cut down the walls that separate people from each other and enable them to really love. This is based on the above-mentioned LSD experience of a lack of limits to one's body and personality and the ability to identify with whatever is around you. A second possible motive is to gain insight into one's personality. We have already looked at the psychological basis for this - the fact that material which had been previously unconscious or preconscious becomes vividly conscious. The third motive is to achieve greater cognitive insight into reality. The person trusts that the experience of many sensations at one time is actually the experiencing of many more depths and levels of reality than he has ever experienced before. A fourth motive is to enter an aesthetic experience. This is founded on the experience which I described as synesthesia above. The fifth motive which some users have is to enter

a true mystical state. What the user wishes to build upon in this case is the fact that the LSD experience seems to remove the boundaries of one's body and allow him to melt into the all.

Some researchers have not hesitated to comment upon the possibility of these motives being successfully realized. Morimoto's observations of the non-clinical use of LSD led him to conclude that true brotherly love was not fostered.¹⁵ It's true that one person has to "sacrifice" himself and stay off the drug to guide another who's going through the experience. But the one under the influence does not return the love, rather he becomes very dependent upon the guide. The user is not moving outside himself to others, but is regressing to a state of further dependency by demanding that another wait upon him and serve him. We have already seen that there is a real possibility that the second motive can be successfully realized in a clinical situation. The principle there was that more important than what the person learns about his personality during the experience is what he does with this knowledge afterwards. With this in mind, researchers feel that the gaining of insight into one's personality is a weak motive unless one seriously intends to use this knowledge. The third motive - the mind is expanding and receives greater insight into reality - is hotly contested by researchers. An illustration of this is the argument about the words "psychedelic" and "hallucination."¹⁶ Those who are convinced that LSD expands the mind's capacity to perceive reality call it psychedelic: mind-expanding. Those who say it only distorts reality call it a hallucinogen: producing an impression not founded on fact. The fourth motive - aesthetics - is not often contested because very few people are confident that they can describe what qualifies as aesthetical. One would think that the fifth motive - religious mysticism - might receive the same treatment. But it doesn't. Religion is a subject that is too close to the heart. Everyone speaks out. Nearly everyone is confident of his definition of religion. The next few pages will be devoted to the

pro and con arguments of this lively debate on the possibility of chemically induced mysticism.

In the previous sentence, "possibility" is the key word. Very few researchers come right out and say that the chemically induced experience can be equated with the religious mystic experience. But there are some who maintain that it should be possible to use the psychedelic drugs to aid the onset of a religious mystic experience. Walter Pahnke is the leading spokesman here and he maintains that a user's description of an LSD mystic experience often coincides with the religious mystic's description of his non-chemically induced experience. Since the LSD experience consists so much of what one brings to it, Pahnke feels that the chemical mysticism need not be automatically classified as non-religious if the person approaches it with true religious motives.

Pahnke has not only stated this thesis, but has conducted an experiment with twenty seminarians on Good Friday at a private chapel to try and prove it.¹⁷ Ten received psilocybin (1/200 as potent as LSD) and ten received the non-hallucinogenic nicotinic acid without knowing it. As his measurement Pahnke used the categories of psychological phenomena which the philosopher W.T. Stace has found to accompany religious mystical experiences. Stace took great efforts to be theologically neutral as he recorded and described the following phenomena of religious mysticism: experience of unity, insight into reality, transcendence of space and time, sense of sacredness, deeply-felt positive mood, paradoxicality, alleged ineffability, transiency, and positive changes in attitude and/or behavior afterwards. The results of Pahnke's measurements showed that the scores of the experimental group members were significantly higher than those of the control group members in all categories except "sense of sacredness." Pahnke has not shown that chemicals directly induce religious mysticism, but he feels that he has shown that psychedelic drugs can facilitate the basic psychological

characteristics of the mystical experience.

Pahnke's further argumentation contains points such as: If Medieval monks subjected their bodies to sensory deprivation to achieve biochemical changes that would unlock the mystical unconsciousness, why can't we do the same with psychedelic drugs and devote all the time and energy wasted on sensory deprivation to good works?¹⁸ Other defenders of the "possibility" have not done clinical experimentation but have focused their attention on the meaning of *religious* in the phrase "religious mysticism." They wish to expand the meaning enough to include experiences such as the chemically induced. The theologians they refer to include Rudolph Otto because his description of the numinous included the element of fascination: One's whole interest and being gets caught up in what's at hand.¹⁹ In the same line of reasoning others cite Tillich's ultimate concern. Pahnke himself refers to Huston Smith's definition of religious experience as the one which elicits "a *centered* response from the *core* of one's being."²⁰

Those who oppose the direction that men like Pahnke are moving in have their own long string of arguments. Their main concern is the staying power of the chemically induced experience: Will it really result in one's leading a more Christian life afterwards? They cite the insights of famous mystics, such as Saint Teresa, who insist that the real key to achieving mystical union is the consistent practice of fraternal charity in everyday life.²¹ Another big point they make is that only God can grant the truly mystical, religious experience. It is a grace which can not be earned. My own response to Pahnke is to not deny the possibility. But I look at his own approach and his stress on the importance of motivation and ask: Since the monk maintained a deep religious motivation for a whole lifetime, won't his mystical experience be far more religious than that of the user of psychedelics who concentrates on religious motivations for only a few days or weeks before the experience? While Pahnke

stresses the importance of motivation I go on to say that the depth of the motivation determines the depth of the experience, whether it is chemically induced or not.

I would like to insert one final remark on chemical mysticism before moving to the social aspects of LSD use. I don't think using LSD for the mystical experience is very safe because a very high dosage (200 - 400 mg.) is required. (Less than 200 mg. is needed for the LSD aesthetic and cognitive experiences.)

No social benefits of non-medical LSD use are mentioned in any of the literature. They have not been disproven, it is just not known yet whether the effects of LSD can lead to group interaction and cohesion. The harm caused to society always seems to stem from non-supervised use: An inexperienced user becomes frightened and attacks people. Someone who can not integrate the LSD induced psychosis enters a solipsistic existence afterwards.

MILD HALLUCINOGEN – MARIJUANA

The usual statement from the field of medicine is that marijuana's effects upon the body range from stimulant to depressant. The physical effects include a drowsiness and dreamy sensation and some distortion of the senses of vision and hearing. But a study by the Boston University School of Medicine concluded that these physical effects are not a major disturbance to the body and that the more basic effect that marijuana has on a person is psychological.²² This study regarded marijuana as a mild intoxicant and concluded that the tetrahydrocannabinol ingredient of the marijuana plant acts upon the higher centers of the brain - thinking and mood - rather than reflexes and coordination. Marijuana does not lead to physical dependence. It is the *only* drug reviewed in this paper that one's body does not develop a tolerance to. In fact there can be a reverse tolerance - a regular user can get a build-up of the drug in his body and actually

need less and less of a dosage to achieve a high. Medically speaking, this drug has many safety features as far as drugs go. Dying from an overdose is unheard of. Even the chronic addict has a better health situation than the alcoholic. The alcoholic can suffer brain damage from a lack of nutrition, but marijuana is actually a stimulant to the appetite. The major medical danger is that the long range effects upon the body are still unknown. It has not been used long enough in this country for us to know. Oriental countries report serious physical effects from long term usage, but this does not offer us firm evidence for discouraging the use of marijuana because the customary doses in these countries are very much higher than ours.

The psychological effects are very difficult to summarize because they are so greatly influenced by the set and setting. Certainly the drug loosens inhibitions and elevates one's mood. But exactly what experience results depends on the person's determination.²³ The classical music lover with the headphones on will tend to an aesthetic experience while the young man with his girl in his arms will tend to an erotic experience. While intoxicated the user is particularly susceptible to the moods and suggestions of those around him. The drug often unmasks personality problems by causing a transient psychosis. It is said to never cause a permanent psychosis, though it may trigger a full-blown one that is already there. The motivations can be both individual and social, although the drive usually seems to be for a group experience. The individual motivation can be to discover one's personality problems or simply to relax. The social motivation is to use the drug to reduce tensions and inhibitions in a group and promote a feeling of social warmth. It is important to notice that users do not make claims that they are seeking anything more than pleasant results for their immediate experience. They make no claims of mysticism or religious experiences that will have long range effects upon their lives.

There are definite psychological dangers involved in the use

of marijuana. The inexperienced user may become very frightened by the onset of a temporary psychosis. For adolescents and for those with serious personality problems the use of marijuana can precipitate an acute psychotic reaction and complicate the person's already tenuous personality structure. Even in healthy and well-adjusted personalities psychological changes can be effected by use of marijuana, especially if the person is under unusually great stress at the time.²⁴ And, as is true of all drugs, even nicotine, marijuana use can lead to psychological dependence. Moving away from this dependence is not easy because the person is strongly driven to reopen and reduplicate his original experience with the drug. Dependence is especially dangerous for adolescents because they can easily find themselves avoiding the normal life stresses and problems that have to be faced before they can achieve maturity.

Compared to all the other drugs discussed in this paper, marijuana seems to have the greatest potential of having advantageous social uses. This stems from the fact that the experienced user can have a higher degree of control of its effects and therefore can use it to break down group tensions which inhibit communication. It is a social ice-breaker which offers what alcohol can not: it brings people to approach each other quietly and reflectively rather than hyperactively and with almost a spirit of confrontation. Except in the cases of disturbed or immature personalities, marijuana use is not as prone as the other drugs to lead to the formation of subcultures in society because it does not involve the core of one's being so intensively.

There are dangers for society in marijuana use which must be taken into consideration. Let's look first at the frequently cited dangers. The public has been left with the impression that marijuana is the first step up the ladder to opiate addiction. This has been discounted on two fronts. Dr. Halbach of the WHO states that there is no pharmacological reason why marijuana use should lead

to opiate use.²⁵ Sociologists have uncovered social pressures and cultural controls (even within street gangs) which firmly discourage marijuana users from becoming associated with those “weak-minded” opiate addicts.²⁶ The public also has the impression that there is a causal relationship between marijuana use and crime; but studies, for the most part, have been unable to substantiate this.

Now to look at the real dangers. Number One is again the unknown. It is not known yet whether the prolonged use by healthy personalities will lead to the amotivational and antisocial syndrome characteristic of chronic users of the past who have usually had serious personality problems that drove them to the use of the drug in the first place. Further, if a value system is built up from using this drug to promote quiet, reflective group interaction, the out-going, mechanistic drive of our contemporary society may be seriously effected or even replaced. Some won't look upon this as a danger at all; but any major change for society, even the best planned, has dangers.

II. What possible response can the moral theologian take on the issue of extra-medical use of drugs?

The first part of this paper reviewed the medical, psychological and sociological facts. But the moral theologian will want to use more than these facts alone when he wishes to advise people who are seriously considering using this or that drug. He will insist that the decision to use or not to use be placed within the framework of a Christian outlook on life, the framework of a whole positive approach to responding to God. The problem now is that the widespread extra-medical use of drugs is so new that Christian churches have not yet really come to an understanding of this phenomenon and integrated an approach to it in their moral frameworks. In Part I we examined how Merkelbach and Ford and Kelly integrated the question of

narcotic addiction into their systems. But since then it has been shown that marijuana is not a narcotic and barbituates, stimulants and psychedelics have come so much more into popular use that we know how they differ from narcotics and must be treated separately.

So, as people approach the drug question today they are not armed with an answer from an ethical system since there is no ethical system that has equipped itself yet to handle the question. Yet people are looking for a “moral strategy” – and insight that they can depend on to help them in the decision-making situation. In order to obtain guiding insights they turn to an already existing ethical system, extract what they think is the “key,” the key insight, and attempt to use it when facing the drug question. Because these keys are being used today I think the moral theologian must familiarize himself with them and help people to use them well. Even if there be a moral theologian somewhere who has integrated the drug question into an ethical system he should be open to helping people follow keys other than his own because I don’t think the Christian moral response is of such a nature that it must be found in one key or one system, one intellectual insight or one framework of insights. The moral theologian should ask people to follow their consciences sincerely, to follow their key. He must ask them to remain open to other keys in case their consciences become informed in such a way as to change or in case a new key comes along that would enable them to be even more true to their consciences. He must help them think through all the implications of their key for this question and thus help prevent them from using it only when convenient.

A few final words are in order before reviewing the keys that I have chosen. I am speaking of these keys as if they are used by *adults* who have healthy personality structures and are looking for a positive approach to the drug question. From the very start I am eliminating the use of opiates, barbituates and stimulants from

consideration because I do not expect that there will be any positive approach coming along that can take into account all the dangers involved in their use and still say the user is acting responsibly.

NATURAL LAW ²⁷

Though some moderns may find this difficult to accept, the natural law key will entail a positive approach. Given the correct understanding, “law” here is not some oppressive, negative stricture. By examining what Thomas meant by natural “law” we can see that he also meant by the term natural “right.” Thomas asked: What is a thing’s teleology? For what end did God create it? All of creation has been created to praise God. Man’s special end is to praise God by knowing Him, by using reason. Using reason comes to man not only as a law but as a right which he must protect. So, someone using the “Man has a right (duty) to use his reason” key must be advised that psychedelics seriously alter the natural workings of the mind and that marijuana is a mild intoxicant whose effects on the mind one should investigate thoroughly. There is a second natural law key which applied to the drug question: “Man is by nature a social animal.” Man can lead a fully human life only in community with others. This key is a big plus for natural law ethics (since others seldom have this explicit an emphasis on societal repercussions of actions) and the moral theologian should make every effort to help those using it obtain the necessary information on the social implications of using these drugs.

SITUATION ETHICS ²⁸

The key in situation ethics is: “Love must be served in every situation.” Considering marijuana’s ability to break down social

tensions and inhibitions without causing harm to the user, for the appropriate situation (like a party) the moral theologian would be hard pressed to see its use as contradicting the goal expressed in the key. But to use this key to justify the use of LSD because in a certain situation it can better enable one to love his fellow man is a serious mismatch of motives and actual results as Morimoto explained in Part I of this paper. Regarding the situation of a person wanting the LSD religious-mystical experience because it will enable him to love others as never before, there seems to be two possible responses. If the person is determined to go through the experience, he should be helped to prepare the clearest possible motives for the experience – We have seen that the approach is half the story of success, when one is working with LSD. He should be warned to use a psychiatrist and a very controlled situation. If the person is only questioning and is not committed to going through the experience, the thing to work on is to expand his motives. I say this because it seems to me that situation ethics is a motive-oriented ethic and the motive is the point at which the follower of it can be reached. By “expand” I mean that the love motive may be expanded to include the safety of the individual’s own personality and physical health.

BONHOEFFER ²⁹

We move now to an ethic that is purposely not motive-bound because Bonhoeffer thought that so-called good motives may spring from the dark human subconsciousness and have very questionable consequences. From his writing I would summarize as the key in Bonhoeffer: “We must be loyal to the form that Christ is taking today in the concrete world we live in.” We know that the historical Christ was loyal to both the ideal world from which He came and to the real world which he entered. This key gives great importance to the

minor events and the not so significant activities of human life. It will want to know whether the marijuana experience is such that a man (or Christ himself) would temporarily lose contact with (and therefore faithfulness to) the real world and the real people around him. It will want to know whether the LSD experience gives insight into the concrete world of reality as well as the mystical realm. It is questions such as these that the moral theologian must be prepared to investigate seriously with those who hold this key.

PROCESS ^{30 & 31}

There has not actually not been a system of process ethics formulated from which I can deduce a key. But I think that one can be formulated from one's reading of authors like Chardin and Baum. It is very evident that others are trying to formulate keys from the process view of reality. After contemplating the process philosophy concepts of progress, the goodness of the secular, and the necessity of man's self-fulfillment if he is to evolve to the next stage, many deduce as their key: We should try using everything that is available to help us reach the next stage. A moral theologian should reject this key as an incorrect reading of the process philosophies. He shouldn't reject the philosophies for they can contribute to an understanding of man and thus of man's relation to God. But he should force people to be more faithful to the process authors when formulating their key. These authors do not regard self-realization and the resultant progress as the goals of individual men. Thresholds are not reached every generation, nor every century. Self-realization and progress are the goals of the central impulse, the *élan vital*, the one basic psychic energy that is the heart of process. Then what is the key for individual men? The key is "to gain knowledge of where the unity of the world and mankind is presently at and then live out the full

implications of that unity.” Join in the living out of that unity, for no progress comes in isolation! You only participate in that progress, it is not the goal for you or your generation. The central impulse or inner vitality will eventually bring the progress whether you participate in it or not. The use of drugs to hasten progress is a misguided motive unless you can shoot some into the *élan vital*. Then again LSD may be used to help one gain insight into the present state of the unity of the world and mankind. But to date there have been no claims by users of LSD that insight can be gained about how the personalization of mankind and the universe is progressing. Their insights seem confined to the experiencing of the One, the eternal and the unchanging.

ADDENDUM: RECREATIONAL USE OF MARIJUANA

Since this paper was written in 1971 changes have occurred in American society. Eighteen states have legalized marijuana for medical use. Four states and the District of Columbia have legalized the sale of marijuana for recreational use and several more states are expected to do so very soon. I wish to look at the moral issues regarding the question of recreational use and leave the medical use questions in the hands of medical experts. (For example: correct dosages for palliative care.)

The psychological and physical effects of pot must be considered. In 2001, the Pontifical Council for Health Pastoral Care reported in its handbook “Church: Drugs and Drug Addiction” that consumption of the various forms of the cannabis plant cause euphoria, confusion, desire to laugh and drowsiness. Strong doses cause lethargy and upset in the perception of time, visual precision and loss of short-term memory. With high and repeated use, pot can cause palpitation, swelling of blood vessels, bronchial illnesses and psychic dependency. “Considering all the facts, it is irresponsible to consider cannabis in a trivial way and to think of it as being ‘a soft drug,’ that is, one without remarkable effects on the organism,” the council stated. Studies rejecting the myth of benign marijuana abound. The National Institute on Drug Abuse found smokers who heavily used pot in their teens through adulthood showed a significant drop in IQ level – by eight points – from average intelligence to the lowest third of the intelligence range.

Moral theologian Pia de Solenni says that the dignity of the

person is foundational to the church's teaching on drugs. "What guides the Catholic principle is that we are made in the image and likeness of God and we are called to be a gift of self for others," she said. "If marijuana use is limiting how you're called to live out your life, and be in relation with other people and be a gift to other people, then I think there's a moral problem with it."

Moral theologian Christian Brugger says that after considering the effects of marijuana use, a user's intention is crucial to determining its morality. Cannabis is not intrinsically evil, so an analysis of the morality of smoking pot is found by determining the object of the act of smoking. Recreational pot smokers use marijuana to induce themselves into a state of euphoria. So the object is to get "high" and to alter their consciousness. Yet consciousness is needed to make choices, and to impair the human mind is to impair the ability to make choices, he says. Therefore, if a person is high, it's more difficult for them to make good choices. Sacred Scripture doesn't address getting high, but it is filled with warnings about drunkenness. "Scriptures are pretty harsh about it," Brugger says. Ephesians 5:18 and Romans 13:13 advise against carousing and drunkenness because it is a behavior of those who walk in darkness, and it damages the ability to make wise choices. "In all of these cases, what's being gotten at is the fact drunkenness puts you in a state of mind that diminishes your ability to act reasonably, or according to Christian reason," Brugger says. "The same moral assessment on drunkenness can be applied to getting high."

My experience as a pastor leads me to say it this way: Using alcohol or any drug to get high is morally wrong because it impairs your cognition and therefore weakens your moral judgments and your ability to make healthy choices.

Pot advocates may argue their intention is to relax at home after work, not to get high. If pot is akin to alcohol and can be used

temperately, is it morally acceptable? Brugger says, “Maybe. I think, ordinarily, if it’s not a near occasion of sin for you, if you’re not inclined to alcoholism, having a beer when you come home from work is not a bad thing. It can be good thing,” he says. “(Likewise), if one kept pot in strict moderation, it seems to me, it need not always be immoral. But there are other things bearing upon the question.” For example: Giving scandal to others because pot use has been associated with lawlessness in our culture.

Getting back to the question of a possible moderate use, De Solenni says, “No, it cannot be used moderately. Once you’ve gone beyond the buzz, you actually lose control over your rational functions – it’s wrong. It goes against our nature and who we’re supposed to be. It substantially impairs your ability to think and function as a rational human being.” Another writer has said, “Even if used in moderation, Catholics have good reason to avoid pot when alternatives like a glass of wine are available.”

I would like to refer to two movements in society which have developed since I wrote my paper in 1971. First of all, the practice of having a designated driver when one is going to a party or bar to do some drinking. That practice should also be used by pot smokers for moral reasons: to prevent any harm to themselves or others as a result of impaired driving. Secondly, the rise of grass roots organizations in which adults give greater support to the teens in their communities. The legalization of marijuana increases the availability of pot to teenagers. They need energetic and vibrant adults to give witness to the goodness of a healthy (not druggy) lifestyle.

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